PERSONALITY FACTORS AND STRESS LEVEL AMONG DIABETIC PATIENTS AND NON-DIABETIC PEOPLE

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PERSONALITY FACTORS AND STRESS LEVEL AMONG DIABETIC PATIENTS AND NON-DIABETIC PEOPLE

1.1 INTRODUCTION

In the present circumstances, society is facing numerous difficulties in life. These difficulties are giving rise to many personality problems such as anxiety, frustrations; stress upsets in day to day life. There is a major problem in personality do to some diseases. Diabetic is one of the non-curable diseases which ones attacked not cure completely. It can be controlled but not removed completely. The personality of diabetic patients is change vigorously. The stress level among the diabetic patients is increased. Diabetic is one of the seventh diseases which caused most death in the world.

Prior to the 20th century, the principal threats to health were contagious diseases caused by infectious agents - diseases such as smallpox, typhoid fever, diptheria, yellow fever, malaria, cholera, tuberculosis and polio. Today, none of these is among the leading killers. They were tamed by improvements in nutrition, public hygiene, sanitation and medical treatment (Boss and Couden, 2002). Unfortunately the void left by contagious diseases has been filled all too quickly by chronic diseases that develop gradually such as heart disease, stroke, cancer and diabetes. Psychosocial factors, such as stress, health habits and lifestyle play a large role in the development of these chronic diseases (Panagopeulou et al., 2002).

Various chronic disorders have made their dramatic entry in today's world and can be labeled as the lifestyle diseases calling for various changes in one's day to day life. And diabetes mellitus leads this brigade of chronic disorders. It is obvious that Diabetes Mellitus opens up a meaningful area of investigation in health psychology where the knowledge about man's mental processes in health or disease on a scientifically firmer basis can lend support.

Junk food, sedentary life styles, stress, lack of social support and quality time for oneself ends in leaving an individual in a vulnerable state where he gradually develops a disease-prone personality and life style. Various pro-disease factors interact in different combinatiors to manifest in one's mental and physical health.

1.2 WHAT IS DIABETES?

Diabetes Mellitus is a clinical syndrome characterized by hyperglycaemia due to absolute or relative deficiency of insulin. Diabetes is a metabolic disease, i.e. something is wrong with the body's biochemical processes. Diabetes is a condition in which the body cannot process certain foods properly because the supply and efficiency of the hormone, insulin, is not adequate. The pancreas, a gland that lies behind the stomach, produces the hormone, insulin (Edwards and Bouchier, 1993). Normally, the pancreas release insulin. In general, larger the meal is, more insulin is released. In diabetes, however, the body either does not produce enough insulin (or may not produce any) or is not able to use the available supply appropriately.

Insulin has several functions. It helps the glucose or blood sugar to enter the body's cells providing them with energy. It is also involved with the storage of reserve supplies of glucose in the muscles and liver. These reserves are stored in the form of glycogen, which is converted back to glucose as needed. Thus, insulin regulates the amount of glucose circulating in the blood stream and prevents it from rising above a certain range (Matsumoto et al., 1999).

Diabetes results from a problem with the way the body handles certain foods. Almost everything that one eats or drinks is digested, or broken down, and sent along to various parts of the body in the blood stream. There are different uses for different kinds of foods. In Diabetes, carbohydrates are the key. Carbohydrates come mainly from cereals and starches, such as rice, wheat, and fruit. Carbohydrates provide the body's cells with fuel for heat and energy (Skyler, 1997).

Introduction when carbohydrates are digested, they turn into a form of sugar called Glucose. After a meal glucose circulates in the bloodstream. Meanwhile, glucose enters the cells that are constituents of the body and its tissues. It is the source of energy for the body and its activities (Alison and Whelan, 1992).

Without insulin, carbohydrates are not processed or utilized effectively. Much of the glucose stays in the bloodstream, rather than being metabolized or stored, and the body does not get all the energy that it should. The unused glucose builds up in the

blood stream. Some of the water and waste products are eliminated, but a lot of other filtered substances, including most of the glucose, gets reabsorbed into the blood stream. If more glucose is present than the kidneys can reabsorb, it spills into the urine. Some glucose, therefore, is wasted and not converted to energy. In fact, the full name of the disease, Diabetes Mellitus, actually means “siphoning (diabetes) of the honey-urine (mellitus) (Muralidharan and Dash, 2001).

Lack of insulin, whether absolute or relative, affects the metabolism of carbohydrate, protein, fat, water and electrolytes. Death may result from acute metabolic decomposition while long-standing metabolic derangement is frequently associated with permanent and irreversible functional and structural changes in the cells of the body, those of the vascular system being particularly

1.3 TYPES OF DIABETES MELLITUS

1. Insulin Dependent Diabetes Mellitus (Type 1 DM) : The IDDM may be considered as the purest form of diabetes with beta cell damage, often immunologically mediated. This forms only about less than 2% of the diabetes. Type 1, usually appears before the age of 30, having a rapid initial course and is generally being diagnosed within at most a few months after onset. In this type, insulin production in the pancreas almost or completely ceases, requiring invariably that insulin be supplied externally by injections. IDDM is easy to recognize and usually affects children and young adults. Its onset is rather abrupt, the child experiences frequency of urination - polyuria, excessive thirst, - polydipsia and increase in appetite - polyphagia, but paradoxically loss of weight, fatigue, with or without infection, cognitive CNS symptoms. There is an absolute deficiency of insulin in such instances due to destruction of beta cells and insulin has to be given exogenously. If diagnosis is not made in time, the individual can develop ketones in the urine (glucose not being metabolized due to absence of insulin; fat stores are mobilized to provide energy). This breakdown of fats causes some acid radicals to appear in the blood and urine. The excess of ketones can cause drowsiness and later unconsciousness and coma in some instances (diabetes ketoacidosis and coma) (Alison and Whelan, 1992).
9 Introductions

2. Non Insulin Dependent Diabetes Mellitus (Type II DM) : Type 2 is milder in form, first appearing when patients are older, and has a slower onset, maybe without symptoms for many years before being diagnosed. This type is characterised by a relative insufficiency of insulin production or of glucose uptake from the blood. For this reason it can usually be treated by diet, by physical exercise, and by oral hypoglycaemic agents which stimulate either the insulin production that remains or the uptake of glucose, making insulin injections unnecessary. NIDDM is the familiar clinical entity comprising about 96% of diabetics in India. This type affects adults or those above the age of 35 years or so. Onset is usually insidious, individual tires easily, and may suffer from recurrent infections, especially in the genital region. In such instances there is sufficient insulin, but the body cells cannot use it. Many of such instances may have no symptoms related to high blood glucose but may be detected to be diabetic because of: • inability to lose weight in spite of strict dieting; or • primitive cardiovascular event: angina, heart attack, high blood pressure; or • repeated abortions or still births A clinical variant of NIDDM may be the insulin requiring NIDDM (IRDM) sub-group - sometimes called the Intermediate Type NIDDM (or) even called as Type 1 1/2 - Diabetes. About 30 to 35% of NIDDM is the course of two to ten years may behave like this (Alison and Whelan,1992).

3. Non Insulin Dependent Diabetes of Young or the Maturity Onset diabetes of young 'MODY' may be a sub group of NIDDM. Although it is highly popularized it is not a very clear cut entity. The cut-off point for age is important to be agreed upon. The purest form of MODY may have a vertical inheritance dominance and remain as NIDDM for life time (Anderson, 2000)

4. Secondary type of Diabetes secondary to an endocrinopathy or other conditions is well known. The endocrinopathies such as acromegaly, Cushing's syndrome, phechromytoma etc. can be associated with diabetes. Apart from all these, the so called "Malnutrition related diabetes"(MRDM) has been well included in Diabetology especially from the tropical community. Two forms have been described - the protein deficient pancreatic diabetes (PDPD) which is an ill-defined entity as well as the more clear cut and well defined 'pancreatic diabetes' (Park and Park, 1994).

5. Genetic syndromes associated with carbohydrate intolerance this forms an interesting but unusual set of entities. There may not be a problem in day to day practice of diabetes. But an analysis of the subject gives clues for pathogenesis and ideas useful for all other forms of diabetes. It may be noted that the baseline features of many of these syndromes include nerve deafness in some form or other, optic nerve involvement or optic atrophy, skin changes - muscle defects - fat abnormalities etc. (Edwards and Bouchier,1993)

6. Impaired Glucose Tolerance the most important clinical entity will be the Impaired Glucose Tolerance IGT popularized in recent years. Clinically, the IGT is mainly of two types: (1) Prediabetic IGT, which may progress into diabetes; (2) a subgroup remaining as IGT alone for long periods, even for life time (Harris et al.,1987).

7. Gestational Diabetes Mellitus refers to patients in whom hyperglycemia develops during pregnancy. These individuals usually revert to normal glucose following delivery but have an increased risk for development of DM later in life (Park and Park, 1994).

1.4 PERSONALITY

The combination of characteristics or qualities that form an individual's distinctive character Personality is defined as the set of habitual behaviors, cognitions and emotional patterns that evolve from biological and environmental factors. While there is no generally agreed upon definition of personality, most theories focus on motivation and psychological interactions with one's environment. Trait-based personality theories, such as those defined by Raymond Cattell define personality as the traits that predict a person's behavior. On the other hand, more behaviorally based approaches define personality through learning and habits. Nevertheless, most theories view personality as relatively stable.

The study of the psychology of personality, called personality psychology, attempts to explain the tendencies that underly differences in behavior. Many approaches have been taken to studying personality, including biological, cognitive, learning and trait based theories, as well as psychodynamic, and humanistic approaches. Personality psychology is also divided among the first theorists, with a

few influential theories being posited by Sigmund Freud, Alfred Adler, Gordon Allport, Hans Eysenck, Abraham Maslow, and Carl Rogers.

1.5 FIVE FACTOR MODEL

Personality is often broken into statistically-identified factors called the Big five which are openness experience ,conscientiousness, extraversion, agreeableness, and neuroticism (or emotional stability). These components are generally stable over time, and about half of the variance appears to be attributable to a person's genetics rather than the effects of one's environment.

Some research has investigated whether the relationship between happiness and extraversion seen in adults can also be seen in children. The implications of these findings can help identify children that are more likely to experience episodes of depression and develop types of treatment that such children are likely to respond to. In both children and adults, research shows that genetics, as opposed to environmental factors, exert a greater influence on happiness levels. Personality is not stable over the course of a lifetime, but it changes much more quickly during childhood, so personality constructs in children are referred to as temperament. Temperament is regarded as the precursor to personality. Whereas McCrae and Costa's Big Five model assesses personality traits in adults, the EAS (emotionality, activity, and sociability) model is used to assess temperament in children. This model measures levels of emotionality, activity, sociability, and shyness in children. The personality theorists consider temperament EAS model similar to the Big Five model in adults; however, this might be due to a conflation of concepts of personality and temperament as described above. Findings show that high degrees of sociability and low degrees of shyness are equivalent to adult extraversion, and also correlate with higher levels of life satisfaction in children.

Another interesting finding has been the link found between acting extraverted and positive affect. Extraverted behaviors include acting talkative, assertive, adventurous, and outgoing. For the purposes of this study, positive affect is defined as experiences of happy and enjoyable emotions. This study investigated the effects of acting in a way that is counter to a person's dispositional nature. In other words, the study focused on the benefits and drawbacks of introverts (people who are shy, socially inhibited and non-aggressive) acting extraverted, and of extraverts acting

introverted. After acting extraverted, introverts' experience of positive affect increased whereas extraverts seemed to experience lower levels of positive affect and suffered from the phenomenon of ego depletion. Ego depletion, or cognitive fatigue, is the use of one's energy to overtly act in a way that is contrary to one's inner disposition. When people act in a contrary fashion, they divert most, if not all, (cognitive) energy toward regulating this foreign style of behavior and attitudes. Because all available energy is being used to maintain this contrary behavior, the result is an inability to use any energy to make important or difficult decisions, plan for the future, control or regulate emotions, or perform effectively on other cognitive tasks.

One question that has been posed is why extraverts tend to be happier than introverts. The two types of explanations attempt to account for this difference are instrumental theories and temperamental theories. The instrumental theory suggests that extraverts end up making choices that place them in more positive situations and they also react more strongly than introverts to positive situations. The temperamental theory suggests that extraverts have a disposition that generally leads them to experience a higher degree of positive affect. In their study of extraversion, Lucas and Baird found no statistically significant support for the instrumental theory but did, however, find that extraverts generally experience a higher level of positive affect.

Research has also been done to uncover some of the mediators that are responsible for the correlation between extraversion and happiness. Self-esteem and self-efficacy are two such mediators. Self-efficacy has been found to be related to the personality traits of extraversion and subjective well-being. Self-efficacy is one's belief about abilities to perform up to personal standards, the ability to produce desired results, and the feeling of having some ability to make important life decisions. However, the relationship between extraversion (and neuroticism) and subjective happiness is only partially mediated by self-efficacy. This implies that there are most likely other factors that mediate the relationship between subjective happiness and personality traits. Another such factor may be self-esteem. Individuals with a greater degree of confidence about themselves and their abilities seem to have both higher degrees of subjective well-being and higher levels of extraversion.

Other research has examined the phenomenon of mood maintenance as another possible mediator. Mood maintenance, the ability to maintain one's average level of happiness in the face of an ambiguous situation (meaning a situation that has the potential to engender either positive or negative emotions in different individuals), has been found to be a stronger force in extraverts This means that the happiness levels of extraverted individuals are less susceptible to the influence of external events. Another implication of this finding is that extraverts' positive moods last longer than those of introverts.

1.6 STRESS :

In psychology, stress is a feeling of strain and pressure. Also this is one type of psychological pain. Small amounts of stress may be desired, beneficial, and even healthy. Positive stress helps improve athletic performance. It also plays a factor in motivation, adaptation, and reaction to the environment. Excessive amounts of stress, however, may lead to bodily harm. Stress can increase the risk of strokes, heart attacks, ulcers, dwarfism, and mental illnesses such as depression.

Stress can be external and related to the environment but may also be created by internal perceptions that cause an individual to experience anxiety or other negative emotions surrounding a situation, such as pressure, discomfort, etc., which they then deem stressful.

Humans experience stress, or perceive things as threatening, when they do not believe that their resources for coping with obstacles (stimuli, people, situations, etc.) are enough for what the circumstances demand. When people think the demands being placed on them exceed their ability to cope, they then perceive stress.

These demands can be related to finances, work, relationships, and other situations, but anything that poses a real or perceived challenge or threat to a person's well-being can cause stress.

Stress can be a motivator. It can be essential to survival. The "fight-or-flight" mechanism can tell us when and how to respond to danger. However, if this

mechanism is triggered too easily, or when there are too many stressors at one time, it can undermine a person's mental and physical health and become harmful.

According to the annual stress survey conducted by the American Psychological Association (APA), average stress levels in the United States (U.S.) rose from 4.9 to 5.1 on a scale from 1 to 10 in 2015. The main reasons given are employment and money.

1.7 FACTS ON STRESS

Here are some key points about stress. More detail is in the main article.

- Stress helps the body prepare to face danger.
- The symptoms can be both physical and psychological.
- Short-term stress can be helpful, but long-term stress is linked to various health conditions.
- We can prepare for stress by learning some self-management tips.

2.0 STATEMENT OF THE PROBLEM

To study the personality factors and stress level among diabetic patients and non-diabetic people.

3.0 AIMS AND OBJECTIVES OF THE STUDY

1. To study the nature of personality (OCEAN) among diabetic patients and non-diabetic people.
2. To study the level of stress among diabetic patients and non-diabetic people.
3. To study the gender difference of diabetic patients on personality (OCEAN) and stress level.
4. To study the gender difference of non-diabetic people on personality (OCEAN) and stress level.
5. To study the relationship between personality (OCEAN) and stress among diabetic patients and non-diabetic people.
6. To study the difference between diabetic patients and non-diabetic people on basis of personality (OCEAN) and stress level.
7. To study the relationship between personality and stress.

3.1 SCOPE OF THE STUDY

Area of the research will be around Nashik Region and few district from Maharashtra like Kolhapur, Mumbai, and Thane. Time required to complete the research will be around 12 to 18th Months. Research will covered sampling from big Hospital, Clinics, Medical Centre and other social welfare centre and special free checkup camp will organized in above cities for Collection of Samples.

3.2 SIGNIFICANCE OF THE STUDY

In the world about 36 crores of peoples are suffering from diabetes and in INDIA about 6.5 crores of peoples are suffering from diabetes. Which is huge quantity. Diabetes mellitus appears to have a death sententence in ancient era. Aretacus did attempt to treat it but could not give to prognosis, life with diabetes is short, disgusting and painful.

Personality of affected person is malfunctioning and affected person is having negative thinking, high stress level and fear of death. Indicating that person is always in stressful attitude. He has always to be alert for survival of life. He look after the life is troublesome he can't it whatever he like he have control over eating habits, and limited and sugar free diet is required. He has to care and maintain blood sugar level. He needs to proper check up in proper time for sugar level. He has to take medicines and insulin before diet so its need extra cares than normal human. Suffered person has problem of filling injuries and wound. If he do not take care to maintain sugar level it may cause to heart attack, low bp kidney and eye trouble etc and may cause to death also. He cannot work much more like normal people. Suffered from diabetes mellitus were weak in strength and they cannot do work like non-diabetic peoples. They tired early. In world every 8 second 2 peoples are suffered from diabetes and out of one dies. Diabetes is 7th leading cause of death for human being.

While studying all factors diabetes is a very dangerous disease and ones it is affected we not cure completely. And its remain life long with human. Diabetes affected man is debilated slowly, he become thin, loose weight and so many other health troubles so its necessity to study what are the measure cause and how to control it, and what are the precautions and how to control it before affection and how to remain away from infection.

4 REVIEW OF RELATED LITERATURE

Aswal (1982), in a study “Relationship of Student Activism and Personality Adjustment,” attempted to examine the relationship of student activism to their personality adjustment. The study aimed at testing the hypothesis of significant relationship between activism and personality adjustment of the students. On the basis of an Activism Scale, a total of 705 students of higher educational centers were classified into two groups of high activists and low activists. The same students were also administered a test of personality adjustment containing five dimensions, namely, home, health, social, emotional, and educational. The result of the study shows that there was a significant relationship between student activism and personality adjustment. It also revealed that personality dimensions (home and emotional) and educational dimension have positive relationship with activism; but social dimension indicated insignificant relationship.

Lath Sandeep K. (2007) conducted a study on 100 teachers to study the causes of occupational stress. It was found that in role insufficiency (RI) and role ambiguity (RA), less experienced teachers have more stress. The present study is an attempt to investigate and to compare the level of stress experienced by the teachers of different schools of district Hoshiarpur of Punjab

Geetika Singla (2006) during her study “A study of the occupation stress among employees from Different careers of Chandigarh” found that doctors and teachers are highly stressed as compared to the employees from other professions. Both the teachers and doctors face a significant amount of work load. It also revealed that females are most stressed as compared to male.

Spiegel et al., (1989) People who suffer from diabetes can gain a great deal from social support. Studies have shown that diabetics suffer more depression, more frequently and for longer periods than the general population. A “diabetes” diagnosis can trigger feelings of being “damaged” and lead to sadness, anger or hopelessness and a patient’s compliance to the medical regimen has been found to be a function of support from friends and family.

Tracing the history of the concept of stress, its origin dates back to 1914, when Cannon used the term in medicine. Cannon (1939) also suggested the term “homeostasis” from the Greek language where “homeo” , means similar, and “stasis” , means position, for “the coordinated physiologic processes, which maintain most the steady states in the organism”.

In a study by Lohri-Posey (2006) examined the understanding the experiences of low-income Appalachians living with type" diabetes mellitus is needed to provide culturally sensitive care. For this qualitative study; 13 adults were required from 2 low - income clinics in Northen West Virginia through purposive sampling. Through in depth interviews with the participants, 4 themes were identified: (I) achieving a balance between diet and family needs, (2) adapting to fluctuations in energy levels. (3) balancing family relationship \vith self - reliance, (4) dealing with the uncertainty of future health. Nurses working with 10\\ income adults in Appalachia need to provide family centered diabetes education to meet the cultural need of this group.

A study by Benedak (1980) found that the impact on diabetes is due to its arousing deeply buried guilt over oral demands. In her view the outcome of adaptation to diabetes depends primarily upon the capacities of the individual to deal with such inner conflicts.

Cofer and Appley (1964) defined stress as the state of an organism in which his/her well-being or integrity was perceived to be endangered; he/she feels that all energy must be diverted for its protection.

5 HYPOTHESES OF RESEARCH

1. There is no difference between diabetic patient and non-diabetic people on OCEAN.

2. There is no difference between male and female peoples on OCEAN.

3. There is no difference between diabetic patient and non-diabetic people on openness.

4. There is no difference between male and female peoples on openness.

5. There is no difference between diabetic patient and non-diabetic people on consciousness.

6. There is no difference between male and female peoples on consciousness.

7. There is no difference between diabetic patient and non-diabetic people on extraversion.

8. There is no difference between male and female peoples on extraversion.

9. There is no difference between diabetic patient and non-diabetic people on Agreeableness.

10. There is no difference between male and female peoples on Agreeableness.

11. There is no difference between diabetic patient and non-diabetic people on neuroticism.

12. There is no difference between male and female peoples on neuroticism.

13. There is no difference between diabetic patient and non-diabetic people on stress level.

14. There is no difference between male and female peoples on stress level.

15. There is no difference between personality (openness, consciousness, extraversion, neuroticism) and stress level.

6 VARIABLES

1) Independent variables

- People
  - Diabetics Patients
  - Non- Diabetics Peoples
- Gender
  - Male
  - Female

2) Dependent variable

Personality factors

Stress level

3) Controlled variable

a) Regions- Nasik, Mumbai and Kolhapur districts

b) Age- above 40 to 65 years old people only.

c) Socio Economic status – Middle class

d) Diabetic patients 2 year after detection

e) Sugar level- above 140

f) Non diabetic people will be selected below sugar level 120 and without using any medicine.

7 RESEARCH DESIGN

Factorial design used in order to study the effect of two main variables.

Sr. No.	People	Diabetic Patients (A1)	Non Diabetic Peoples (B2)
1)	Male (B1)	A1, B1	A2, B1
2)	Female (B2)	A1, B2	A2, B2

8 RESEARCH METHODOLOGY

8.1 SAMPLE

The researcher will be used randomized sampling method for data collection from Nasik, Mumbai and Kolhapur districts.

People	Diabetic Patients	Non Diabetic peoples	Total
Male	100	100	200
Female	100	100	200
Total	**200**	**200**	**400**

8.2 PROCEDURE FOR SAMPLE SELECTION

Type II Diabetic Patients will be taken for sampling. (sugar level 140 and above, non-diabetics will be without medicine sugar level below 130)

Sample will be collected from Hospital, Clinics, Medical Practitioners & Social Welfare Centre, the researcher will organized special free checkup camps for survey and sampling.

8.3 TOOLS

The data will be collected from respondents by using in

Personality test (NEO-PIR)- 2004

Becks Stress test - 2010

SES general information questionery

8.4 PSYCHOMETRIC PROPERTIES OF THE SCALE

8.4.1 RELIABILITY (NEO-PI-R)

Item analysis, (Cronbach's Alpha) and factor analysis were carried out on a sample of 609 respondents in the UK Anglicization study. The UK results show close alignment with those from the US. The domain scales show internal reliabilities, which range from .87 to .92. Facet scales show internal reliabilities ranging from .58 to .82. Test-rest reliabilities are all above .75.

8.4.2 VALIDITY (NEO-PI-R)

In the NEO Pl-R, content validity is addressed by identifying six distinct facets to sample each domain, and by selecting no redundant item to measure each facet.

Although factor analyses reproduce the intended structure of the NEO PER facets. it remains to be shown that these factors actually measure the intended constructs. External evidence of validity is needed A large number of studies have been conducted on this question.

The five factor model was originally discovered in analyses of natural language trait adjectives, and a number of adjective-based measures of the five factors have been proposed. McCrae and Costa (1985b, 1987) administered 80 bipolar adjective scales to BLSA subjects amd tjeor [eer raters. When factored, the five familiar

factors appeared, and these showed strong evidence of convergent and discriminate validity with NEO-Pl factors. John (1989) asked judges to select items from Gough and Heilbrun's (1983) Adjective Check List (ACL) that would represent the five factors as they were described in the literature; McCrae(1990b) summed these adjectives to from five scales and showed convergent and discriminate validity for both Form S and Form R NEO-PI factors. Goldberg (1989) created several alternative sets of adjective definers of the five factors.

In a student sample, all of these were substantially correlated with the corresponding NEO-PI domain and factor. Trapnell and Wiggins (1990) expanded their measure of the Interpersonal Circumflex to measure the Big Five factors, and showed strong correlations between their adjective measures and NEO-PI scales. Finally, Standoff (1990) administered a large set of adjective scales to a German Sample, recovered the same five factors, and showed striking correlations between these factors and his German translation of the NEO-PI in both self-report and peer rating forms.

8.4.3 Reliability of Beck stress tools-

Beck Stress Tool is reliable to 0.84 to 0.88

Validity of Beck Stress Tools-

Validity of Beck stress is 0.72 to 0.76

8.4.4 STATASTICAL ANALYSIS

Statistical techniques will be used for the collection and Analysis of the data. Proper statistical Techniques will be used such as mean, standard deviation, T-test and Anova will be used.

9. Scheme of chapter

1. Introduction
   a. Significance of the study

2. Review of the literature

3. Research Methodology

4. Data collection and analysis

5. Conclusion / recommendation / limitations

   Reference

   Annexure

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Researcher **Guide**

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